

A FIELD GUIDE TO ASSERTIVE COMMUNITY TREATMENT

DRAFT APRIL 2007



ASSESSING YOUR ACT PROGRAM

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Forward

History of the Project

In 2001, the Michigan Department of Community Health (MDCH) and the Michigan Public Health Institute (MPHI) Systems Reform Program received a grant from the Flinn Family Foundation to:

- Assess the model fidelity of Michigan's ACT (Assertive Community Treatment)-adapted model;
- Identify how to improve ACT services; and
- Identify practices associated with positive outcomes to share with ACT teams and consumers and to inform MDCH policy development.

The three year grant supported evaluation activities designed to assess current practices of Michigan's ACT programs and determine the fidelity of these practices to the ACT model and Michigan Medicaid standards.

The ACT Evaluation Project collected data from ACT teams and consumers through:

- A mail survey of all Michigan ACT teams
- Site visits with selected ACT teams, that included
 - ❖ One-on-one interviews with consumers;
 - ❖ Discussion group interviews with ACT team staff;
 - ❖ One-on-one interviews with peer advocates;
 - ❖ A questionnaire completed by ACT team staff, including peer advocates.
- Hospitalization data from ACT teams participating in site visits

This Field Guide to ACT, developed in partnership with MDCH and MPHI Systems Reform Program, is designed to help ACT teams improve service delivery, support consumers in their recovery journey and facilitate quality outcomes for the consumers they serve. The Field Guide will be used by MDCH and Michigan ACT teams as part of the Improving Practices Initiative and as part of implementing a system of evidence-based care.

The Field Guide integrates Michigan Medicaid and the SAMHSA (Substance Abuse and Mental Health Services Administration) ACT Implementation Resource Kit evidence based standards. The Field Guide is a tailored combination of these sources that takes into account Michigan's unique environment and history in provision of ACT services. Michigan ACT teams provide services to a largely rural population and the Michigan expectation is an average team size much smaller than the team size on which the SAMHSA toolkit is based.

Items in *Part 1: Assessing Current Practice* that reflect Michigan Medicaid requirements and SAMHSA ACT Implementation Resource Kit are indicated by the following symbols:



= Michigan Medicaid Requirement



= SAMHSA ACT Implementation Resource Kit

Introduction

The Field Guide to ACT is intended to be a user-friendly, hands-on tool to help ACT teams continually move forward in assisting consumers in their journey toward recovery. The Field Guide provides tools and processes for ACT teams to assess consumer outcomes, consumer satisfaction and quality of life, current practice and organizational supports. The Field Guide is designed to:

- Enhance team functioning;
- Prepare for Medicaid Site Reviews;
- Increase administrative understanding and support for ACT;
- Create a sense of ownership and teamwork among the team members;
- Identify areas of strength and relative weakness and select areas for improvement;
- Increase administrator and team understanding of operational and organizational components that create an effective program;
- Empower ACT team members;
- Lay the foundation for developing a strategic plan for change;
- Assist individual team members to better understand their specific role in supporting consumers in their recovery journey;
- Identify topics for discussion of ACT policy and practices at community, agency, program and team meetings;
- Promote consensus building on areas for improvement; and
- Demonstrate ACT program performance.

The ultimate goal of the Field Guide to ACT is to help teams support consumers in recovery by achieving the following outcomes as described in the SAMHSA ACT Implementation Resource Kit:

- To live independently in a place called home;
- To gain an education, whether for career enhancement or personal growth;
- To have a job that enhances income, provides a means to make a contribution, enables recognition;
- To have meaningful relationships; and
- To avoid the spirit-breaking experiences of hospitalization, incarceration or substance use.

If you have any comments about these materials or the implementation process, please contact Alyson Rush at the Michigan Department of Community Health (MDCH) rusha@michigan.gov; 517/335-0250. Support for your efforts to assist ACT consumers in their recovery journey is available by contacting Ms. Rush. Feedback from your experiences using the Field Guide to Assertive Community Treatment is welcome and will be used to help refine and improve future versions. A comparison cross-walk that includes Michigan Medicaid Requirements, the SAMHSA Fidelity Scale from the Resource Tool Kit, and the Michigan ACT Field Guide is also available from Ms. Rush..

Background

The Assertive Community Treatment Model

Assertive Community Treatment (ACT) is an inclusive array of community-based rehabilitative mental health services that support consumers in their recovery journey. It is provided primarily to individuals with serious mental illness who have a history of high use of psychiatric hospitalization and/or crisis stabilization, and who often require a well-coordinated and integrated package of services to avoid hospitalization provided over an extended period of time. ACT is a specialized model of treatment/service delivery in which a multi-disciplinary team assumes ultimate accountability for a small, defined caseload of individuals with serious and persistent mental illness and becomes the single point of responsibility for that caseload.

The key elements of the ACT model (Phillips, et al., 2001) are:

- Services are targeted to a specific group of persons with serious mental illness;
- Services provided directly by the ACT team rather than being brokered as in case management;
- Team members share responsibility for all individuals served by the team;
- Staff to consumer ratio is small (1 to 10);
- No arbitrary time limit on how long an individual is served by the team;
- Services are available 24 hours a day, 7 days a week (24/7);
- Interventions are provided in vivo, in the location where the problem occurs rather than in the clinic or office;
- Treatments and services are comprehensive and flexible;
- Treatment and supports are individualized; and
- Team members are assertive in engaging individuals in treatment.

In accordance with the 2006 Substance Abuse and Mental Health Services Administration's *Consensus Statement on Mental Health Recovery*¹, ACT teams provide mental health recovery services that are individualized, holistic, and strengths based. ACT consumers are empowered to make decisions regarding their treatment and given responsibility for their recovery journey. The goals of ACT are to keep persons with serious mental illness in contact with services in the community, reduce hospitalizations and costs, and improve outcomes, specifically social functioning and quality of life (Marshall & Lockwood, 2003).

The Impact of Model Fidelity

The Field Guide to ACT provides guidance for completing a fidelity assessment to determine the extent to which program practice matches the ACT model and supports consumers in their recovery journey. Fidelity is the extent to which implementation of services match the program model as designed. Research on ACT model fidelity (Phillips et al. 2001) indicates that ACT programs that adhere more closely to the overall ACT model, as measured by the Dartmouth Assertive Community Treatment Fidelity Scale (DACTS) utilized in the SAMHSA ACT Implementation Resource Kit, are more effective in reducing hospital use and cost, reducing substance use, and impacting functioning and quality of life outcomes than standard community-based services.

¹ Substance Abuse & Mental Health Services Administration (SAMHSA) *Consensus Statement on Mental Health Recovery*. Released February 16, 2006. Available at <http://www.samhsa.gov>

Overview

The Field Guide to ACT is designed to be a user-friendly, hands-on guide to help your team engage in self-assessment that will help you identify ways to improve your practice and achieve quality outcomes in partnership with consumers. The Field Guide is intended to be used on an ongoing basis to look at progress over time. As Michigan Medicaid Requirements are revised, the web-site based version of the Field Guide will reflect current Medicaid requirements.

The following is a brief description of how you can use the Field Guide to ACT:

➤ ***Part 1: Assessing Current Practice***

- ❖ Model Fidelity – helps your team look at current practice and identify areas for improvement.
- ❖ Medicaid Compliance – assesses compliance with Michigan Medicaid Standards and prepares you for a Medicaid Site Review.

➤ ***Part 2: Examining Agency Ability to Serve Consumers in the Community***

- ❖ Organizational Support– assesses your ACT team’s access to technology, training opportunities and other concrete supports necessary for optimal team functioning in the community. Also provides you with information about overall agency philosophy and procedures that impact the quality of ACT services as the team supports consumers in their recovery.

➤ ***Part 3: Considering Consumer Feedback***

- ❖ Consumer Satisfaction – tells you how consumers feel about the services they receive.
- ❖ Consumer Quality of Life – gives you a picture of several aspects of consumers’ perceptions of their quality of life.
- ❖ Consumer Discussion Groups – provides you with information about how you can work in partnership with consumers to improve consumer outcomes, satisfaction, and quality of life.

➤ ***Part 4: Measuring Consumer Outcomes***

- ❖ Consumer Outcomes – helps you determine if consumers are achieving consumer chosen outcomes.

How Should You Complete the Team Assessment?

The Field Guide to ACT is a quality improvement tool. It is essential that you give honest ratings so you can identify areas for improvement.

The following steps will help you to use the Field Guide with ease:

1. Make a copy of the Field Guide to ACT for each team member.
2. Start with a Part 1: Assessing Current Practice to determine your compliance with Michigan Medicaid criteria.
3. Complete sections of the Guide over a series of regularly scheduled team meetings, setting aside 20-30 minutes for each section.
4. Discuss, as a team, key strengths as well as areas where progress is most needed, and think about any constraints you face.
5. Complete the Team Assessment and Work Plan. You will need to complete a form each time you complete a section of the Assessment.
6. Set aside time in your regular team meetings to review progress on the Work Plan goals and tasks.

Who Should Complete the Assessment?

The ACT team should be involved in completing all four parts of the Field Guide with input and discussion from administrators (such as quality improvement staff, clinical directors, and quality assurance directors) and consumers.

Assessment	ACT Team	Administration	Consumers
Part 1: Assessing Current Practice	X	X	
Part 2: Examining Agency Ability to Serve Consumers in the Community	X	X	
Part 3: Considering Consumer Feedback	X		X
Part 4: Measuring Consumer Outcomes	X		X

Part 1: Assessing Current Practice



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Part 1: Assessing Current Practice for Model Fidelity

Introduction:

The fidelity assessment² is designed to help you examine current ACT practices as you support consumers in their journey toward recovery. The assessment can be completed in its entirety, or each section can be completed individually. Sections may be completed in any order, depending on the interest and concerns of your program and agency. It is recommended that the ACT team and administrators (such as quality improvement staff, clinical directors, and quality assurance directors) complete this section together. The fidelity assessment is divided into 6 sections:

- **Section 1: Staff Composition** - Items in this section address issues related to ACT staffing.
- **Section 2: Team Functioning** – Items in this section address issues such as how the team functions, team communication and team planning.
- **Section 3: Program Policy and Protocol** – Items in this section address issues of team operation based on policy and protocols.
- **Section 4: Assessment and Treatment Planning** – Items in this section address issues concerning consumer assessment and treatment planning.
- **Section 5: Outreach and Continuity of Care** – Items in this section address outreach and services to ensure continuity of care.
- **Section 6: Program Intensity** – Items in this section address the role of the ACT team in providing services and supports.

Getting started with your program assessment:

1. Review the sections of the assessment and select a section to work on based on the interest and concerns of your team.
2. Collect the data you will need to complete the section.
3. Select a facilitator to read each item, encourage discussion, and monitor time.
4. Select a scribe to record the agreed upon rating for each item and comments explaining the rating for future reference.
5. The facilitator should read the statement and the rating options A, B, C, D, E. Ensure that everyone is clear about what each statement means.
6. Talk about how your ACT team operates with regard to the question. Be honest, even if it means rating your ACT team as needing improvement.
7. Discuss as a group, where you think you are in relation to the statement. Identify your key strengths and areas where progress is most needed. Think about constraints you face.
8. Note key points of the discussion.
9. Decide on an answer for each question that best describes your ACT team. Circle the corresponding letter for that answer – A, B, C, D, or E.

IMPORTANT:



= Michigan Medicaid Requirement



= SAMHSA ACT Implementation Resource Kit

In some instances, only a score of “E” meets the Michigan Medicaid Criteria. Medicaid elements needed to be in compliance and SAMHSA ACT Implementation Resource Kit evidence based practice criteria are indicated following the item question. If your team score is an A B C or D, your team is either not in full compliance with Medicaid criteria, or operating below the evidence based practice standards of SAMHSA.

² Adapted from the Dartmouth Assertive Community Treatment Fidelity Scale (DACTS) utilized by SAMHSA in the *Act Implementation Resource Kit* and modified to include Michigan Medicaid Standards.

What To Do With Your Answers

Once you have reached consensus on group responses to each question, what's next? Here are some steps to follow to use your data:

1. Review the response categories for a section.
2. ***Address all items in which your team is not in compliance with Michigan Medicaid criteria immediately.*** If your team is in compliance on all Medicaid items select one or more items that are scored A, B, C or D.
3. Discuss what barriers or issues keep you from being in compliance or achieving model fidelity in the identified item(s). ***Talk about it as a group.***
4. Ask “What can be done to improve in the identified area(s)?” ***Talk about it as a group.***
5. What kind of additional training or technical assistance is needed to improve in identified areas?
6. Look at the items in this section where you selected “E”. Congratulate yourselves! This is also an excellent topic for a team meeting. ***Talk about it as a group.***
 - a. What areas of strength does this reflect?
 - b. How can your team maintain these strengths and also work on areas that indicate a need to improve?
7. Complete your Work Plan.
 - a. Pick one or more things your team would like to improve and decide:
 - i. What specific activities your team will do or change in order to improve.
 - ii. How long it will take to make the changes that will improve your team functioning and ACT program in this area.
 - b. Write down who is responsible for each task. Identify which tasks will be assigned to the team as a whole. For each task you write down, put the date by which it will be accomplished.
 - c. Decide when you will review your progress: Weekly? Monthly? Quarterly? Write the date you will begin on your work plan. Enter the date on your team schedule.
8. Start working on the tasks in your work plan!

Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!

Many of the assessment items contain required Medicaid Provider Elements and ACT Implementation Resource Kit benchmarks for evidence based practice.



= Michigan Medicaid Requirement



= SAMHSA ACT Implementation Resource Kit

Section 1.1: Staff Composition



SC1. MD/DO on Staff: Describe the amount of time the doctor is assigned to your ACT team. *An answer of “B”, “C”, “D”, or “E” would be in compliance with Medicaid criteria. An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. No designated MD/DO to provide services for ACT team consumers.
- B. Less than .10 FTE MD/DO per ACT team.
- C. .10 – .20 FTE MD/DO per ACT team.
- D. .21 - .32 FTE MD/DO per ACT team.
- E. .33 - .4 FTE MD/DO per ACT team.



SC2. Registered Nurse (RN) on Staff: Describe the amount of time the nurse is assigned to your ACT team. *An answer of “E” is in compliance with Medicaid criteria and is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. < .25 FTE assigned RN per team.
- B. .25 - .5 FTE assigned RN per team.
- C. .51 - .75 FTE assigned RN per team.
- D. .74 - .99 FTE assigned RN.
- E. ACT Program has 1 FTE RN per team.



SC3. Sufficient Staff - Team Coordinator: Describe the amount of time the team coordinator is assigned to your ACT team. *An answer of “E” is in compliance with Medicaid criteria.*





- A. The team coordinator is assigned to the ACT team less than .40 FTE.
- B. The team coordinator is assigned to the ACT team .40 - .59 FTE.
- C. The team coordinator is assigned to the ACT team .60 - .79 FTE.
- D. The team coordinator is assigned to the ACT team .80 - .99 FTE.
- E. The team coordinator is assigned full time (1 FTE) to the ACT team.







SC4. Qualified Staff – Team Coordinator: What education and experience does your team coordinator have? *An answer of “E” is in compliance with Medicaid criteria.*

- A. Team coordinator has less than a master’s degree and less than two years clinical experience with adults with serious mental illness.
- B. Team coordinator has a master’s degree and less than two years clinical experience with adults with serious mental illness.
- C. Team coordinator has less than a master’s degree but has a minimum of two years clinical experience with adults with serious mental illness.
- D. Team coordinator is working on a master’s degree (actively enrolled) and has a minimum of two years or more clinical experience with adults with serious mental illness.
- E. Team coordinator has a master’s degree with appropriate licensure or certification to provide clinical supervision and a minimum of two years clinical experience with adults with serious mental illness (or coordinator received a waiver from MDCH prior to 2004).

Section 1.1: Staff Composition

-  **SC5. Role of Consumers on Team:** How are consumers involved as members of your ACT team? *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*
- A. Consumer(s) have no involvement in service provision in relation to the ACT program.
 - B. Consumer(s) fill consumer-specific service roles with respect to the ACT program (e.g. self-help).
 - C. Consumer(s) work part-time in direct service provision roles with reduced responsibilities.
 - D. Consumer(s) work full-time in direct service provision roles with reduced responsibilities.
 - E. Consumer(s) are employed full-time as certified peer specialists, paraprofessionals, or with professional status when other qualifiers are met.
-  **SC6. Sufficient Staff- Co-occurring Substance Use Disorder Specialist:** Describe the amount of time a co-occurring substance use disorder specialist is assigned to your ACT team. *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*
- A. < .20 FTE per team providing services with substance use disorder expertise.
 - B. .20 - .49 FTE per team providing services with substance use disorder expertise.
 - C. .50 - .79 FTE per team providing services with substance use disorder expertise.
 - D. .80 - .99 FTE per team providing services with substance use disorder expertise.
 - E. Program has one or more FTE member per team with substance use disorder expertise.
-  **SC7. Qualified Staff – Co-occurring Substance Use Disorder Specialist:** Describe the amount of training or clinical experience the co-occurring substance use disorder specialist has. *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*
- A. There is no co-occurring substance use disorder specialist on the ACT team.
 - B. Our team has a member filling this role, but s/he has no specialized training or prior clinical experience in substance use disorders.
 - C. Co-occurring substance use disorder specialist has less than 6 months training and/or clinical experience in substance use disorders.
 - D. Co-occurring substance use disorder specialist has at least 6 months but less than one year training and/or clinical experience in substance use disorders.
 - E. Co-occurring substance use disorder specialist has 1 year or more of training and/or clinical experience in substance use disorders.
-  **SC8. Sufficient Staff- Vocational Specialist:** Describe the amount of time a vocational specialist is assigned to your ACT team. *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*
- A. < .20 FTE per team providing services with vocational expertise.
 - B. .20 - .49 FTE per team providing services with vocational expertise.
 - C. .50 - .79 FTE per team providing services with vocational expertise.
 - D. .80 - .99 FTE per team providing services with vocational expertise.
 - E. Program has one or more FTE member per team providing services with vocational expertise.

Section 1.1: Staff Composition

	<p>SC9. Qualified Staff – Vocational Specialist: Describe the training/clinical experience of the ACT team vocational specialist. <i>An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.</i></p> <ul style="list-style-type: none"> A. There is no vocational specialist on the ACT team. B. Our team has a member filling this role, but s/he has no specialized training or prior clinical experience in vocational rehabilitation/reintegration. C. Vocational specialist has less than 6 months training and/or clinical experience. D. Vocational specialist has at least 6 months but less than 1 year training and/or clinical experience. E. Vocational specialist has 1 year or more of training and/or clinical experience.
	<p>SC10. Sufficient Staff- Paraprofessional(s): Describe the assignment of paraprofessional(s) to your ACT team. <i>An answer of “E” is in compliance with Medicaid criteria.</i></p> <ul style="list-style-type: none"> A. There is no paraprofessional on the ACT team. B. Paraprofessionals assigned to the team irrespective of consumers’ need. C. Paraprofessionals are assigned to team with a plan for training at some point in the future. D. Paraprofessionals are assigned to team and are in the process of receiving training in a specific area of consumer need. E. Assignment of paraprofessionals to the team reflects the specialized services and supports needed by the consumers.
	<p>SC11. Qualified Staff- Paraprofessionals: Describe the training/experience of the ACT team paraprofessional(s). <i>An answer of “E” is in compliance with Medicaid criteria.</i></p> <ul style="list-style-type: none"> A. There is no paraprofessional on the ACT team. B. Paraprofessional(s) has not completed high school or its equivalent and have no experience in mental health service provision. C. Paraprofessional(s) has completed high school or its equivalent but has no experience in mental health service provision. D. Paraprofessional(s) has obtained two year college degree but has less than two years experience in mental health service provision. E. Paraprofessional(s) has Bachelor degree in an unrelated field and one year experience in mental health service provision OR Paraprofessional(s) has completed high school or its equivalent and has two years or more experience in mental health service provision.
	<p>SC12. Sufficient Staff- Other Professional Staff: Describe the amount of time other professional staff are assigned to your ACT Team. <i>An answer of “E” is in compliance with Medicaid criteria.</i></p> <ul style="list-style-type: none"> A. No other additional professional staff are assigned to the team as there is no need. B. Additional professional staff are needed to provide ACT services, but one has not been assigned to the team. C. Other professional staff are assigned to the ACT team to provide direct services, but are shared with other programs. D. Other professional staff are assigned to the ACT team to provide direct services, but less than time needed to fulfill staffing ratio. E. Other professional staff are assigned to the ACT team to provide direct services in order to fulfill staffing needs.

Section 1.1: Staff Composition



SC13. Qualified Staff-Other Professional Staff: Describe the extent to which other professional staff are licensed, certified, or registered to provide health services. *An answer of “E” is in compliance with Medicaid criteria.*

- A. No other professional staff are assigned to the team.
- B. Less than 30% of the other professional staff are licensed, certified, or registered to provide health services.
- C. 31-60% of the other professional staff are licensed, certified, or registered to provide health services.
- D. 61-99% of the other professional staff are licensed, certified, or registered to provide health services.
- E. All of the other professional staff are licensed, certified, or registered by the State or a national organization to provide health care services.

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Work Plan

Assessing Current Practice: Staff Composition

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 1.2: Team Functioning (TF)

Data you will need to complete this section:

Item TF1: Percent of consumers with face-to-face contact with multiple team members in the last 30 days. *Divide the number of consumers with multiple face-to-face contacts with multiply team members by the number of consumers you served (do not include consumers who were incarcerated or hospitalized for the previous 30 days). Multiply this number by 100 to find your percentage.*

Item TF5: Consumer/provider ratio. *Divide the total number of consumers by the total number of staff on your team.*

Item TF7: Percentage of staff that have participated in ACT 101 training. *Divide the number of staff who participated in ACT 101 training by the number of staff on the team. Multiply this number by 100 to find your percentage.*

Item TF8: Percent of staff turnover in previous two years. *Divide the number of employees departed by the total number you have employed in the last 2 years. Multiply this number by 100 to find your percentage.*

Item TF9: Extent to which program has operated at full staffing over the past 12 months. *Calculate full staffing by multiplying the number of positions on team by 12. Calculate actual staffing by summing the number of filled positions during each month for the past 12 months. Divide actual staffing by full staffing and multiply by 100 to find your percentage.*



TF1. Team Approach: Describe how the provider group functions as a team rather than as individual practitioners (i.e., Do all the clinicians know and work with all of the consumers?). Think about what has occurred in the past 30 days. Face to face contact is defined as 15 or more minutes of in person contact. *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

In the past thirty days:

- A. Fewer than 10% of the consumers had face-to-face contact with multiple team members.
- B. 10 – 36% of consumers had face-to-face contact with multiple team members.
- C. 37 – 63% of consumers had face-to-face contact with multiple team members.
- D. 64 – 89% of consumers had face-to-face contact with multiple team members.
- E. 90% or more consumers had face-to-face contact with multiple team members.



TF2. Team Based Service Delivery: Do all members of the team provide all services –case management, treatment, and rehabilitative to support the consumer in their recovery journey? *An answer of “E” is in compliance with Medicaid criteria.*

- A. The team provides parallel case management for all clients.
- B. Team provides parallel case management for some consumers; some of the consumers may be shared by team members.
- C. Team shares case management for all consumers.
- D. Team shares two of the following: case management, treatment, or rehabilitation.
- E. Case management services are interwoven with treatment and rehabilitative services and are provided by all members of the ACT team.



TF3. Program Meeting: Describe the frequency with which the ACT team meets to plan and review services for each consumer. *An answer of “E” is in compliance with Medicaid criteria.*

- A. Once/month or less frequently.
- B. At least twice/month but less than once/week.
- C. At least once/week but less than twice/week.
- D. At least twice/week but less than five times/week.
- E. Each consumer is reviewed 5 days/week, even if only briefly.

Section 1.2: Team Functioning (TF)



TF4. Team Participation in Program Meeting: Describe your team meetings. *For this item, circle ALL that apply. An answer of “E” is in compliance with Medicaid Criteria.*

- A. Don’t have regular team meetings.
- B. MD/DO doesn’t attend.
- C. Nurse doesn’t attend.
- D. Not everyone meets together.
- E. All ACT members on duty attend the team program meeting.



TF5. Consumer/Provider Ratio: What is the consumer/provider ratio? *An answer of “E” is in compliance with Medicaid criteria and is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. 50 consumers/clinician or more.
- B. 35 - 49 consumers/clinician.
- C. 21 - 34 consumers/clinician.
- D. 11 - 20 consumers/clinician.
- E. 10 consumers/clinician or fewer.



TF6. Practicing Team Coordinator: Does the team coordinator also provide direct services? *An answer of “B”, “C”, “D”, or “E” is in compliance with Medicaid Criteria. A minimum of 50% represents the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Team coordinator provides no direct services.
- B. Team coordinator provides direct services on rare occasions as back up.
- C. Team coordinator provides direct services routinely as backup.
- D. Team coordinator provides direct services less than 25% of the time.
- E. Team coordinator provides direct services between 25% and 50% of the time.



TF7. Staff Competencies: Describe the percentage of ACT team members who have participated in the MDCH approved 2-Day ACT 101 Training. *An answer of “E” is in compliance with Medicaid criteria.*

- A. None of the ACT staff have completed MDCH approved ACT training.
- B. 25 - 50% of ACT staff have completed MDCH approved ACT training.
- C. 51 - 75% of ACT staff have completed MDCH approved ACT training.
- D. 76 - 99% of ACT staff have completed MDCH approved ACT training.
- E. All Team members (100%) have completed MDCH approved ACT training.



TF8. Continuity of Staff: What is the team’s rate of staff turnover? *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Greater than 80% turnover in previous 2 years.
- B. 60 – 80% turnover in previous 2 years.
- C. 40 – 59% turnover in previous 2 years.
- D. 20 – 39% turnover in previous 2 years.
- E. Less than 20% turnover in previous 2 years.

Section 1.2: Team Functioning (TF)



TF9. Staff Capacity: Describe the extent to which your program has operated at full staffing over the past 12 months. *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Program has operated at less than 50% of full staffing in the past 12 months.
- B. Program has operated at 50 – 64% of full staffing in the past 12 months.
- C. Program has operated at 65 – 79% of full staffing in the past 12 months.
- D. Program has operated at 80 – 94% of full staffing in the past 12 months.
- E. Program has operated at 95% or more of full staffing in the past 12 months.

TF10. Program Size: Describe the size of your ACT team.

- A. The ACT team regularly utilizes part time staff to meet necessary staff to consumer ratio.
- B. The ACT team shares staff with other programs to meet necessary staff to consumer ratio.
- C. The ACT team has less than 3 full time staff to meet necessary staff to consumer ratio.
- D. The ACT team has 3 or more full time staff to meet necessary staff to consumer ratio.
- E. The ACT team has more than 5 but less than 9 full time staff to meet necessary staff to consumer ratio, or a waiver related to fewer staff.

DRAFT APRIL 2007

Work Plan

Assessing Current Practice: Team Functioning

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 1.3: Program Policy and Protocol (PPP)

Data you will need to complete this section:

Item PPP5: Intake rate as percent of maximum caseload for the last six months. *Divide the number of new consumers by the total team caseload. Multiply this number by 100 to find your percentage.*



PPP1. Program Approval: Describe the extent to which your ACT program is approved to provide ACT services by MDCH. *An answer of "E" is in compliance with Medicaid criteria.*

- A. Program was not aware that approval from MDCH was required to provide ACT services.
- B. Program has not applied for approval from MDCH to provide ACT services but intends to do so within 30 days.
- C. Program applied for approval from MDCH but was denied.
- D. Program applied for approval from MDCH to provide ACT services and approval is pending.
- E. Program has approval from MDCH and meets minimum Medicaid standards.



PPP2. Explicit Admission Criteria: Describe the criteria and selection of clients for your ACT program. *An answer of "E" is in compliance with Medicaid criteria and is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Program has no set criteria and takes all consumers referred to the program.
- B. Program has a generally defined mission and, for the most part, identifies consumers through internal agency referrals.
- C. The program has clearly defined admission criteria and makes an effort to seek and select a defined set of clients, but accepts most referrals.
- D. The program has clearly defined admission criteria and actively seeks and screens referrals carefully, but occasionally accepts consumers who do not meet program criteria.
- E. The program actively recruits a defined population and all cases comply with explicit admission criteria as delineated in Michigan ACT Medicaid criteria.



PPP3. Alternative to Hospitalization: Are ACT services while supporting consumers' recovery used appropriately as an alternative to hospitalization? *For this item, circle ALL that apply. An answer of "E" is in compliance with Medicaid criteria.*

- A. ACT services are sometimes used when hospitalization would be a better alternative.
- B. Consumers are discharged from the hospital before they are ready. ACT services are used to compensate for the premature discharge.
- C. Consumers are hospitalized when ACT services could be used to support them in the community.
- D. When hospitalization would be the optimum choice, in vivo visits and supports are increased, but consumer health and safety issues continue to escalate.
- E. ACT services are provided as an alternative to hospitalization when: health and safety issues can be managed with ACT supports, 24 hour supervision is not needed, and the intensity of ACT support is for a limited period of time.

Section 1.3: Program Policy and Protocol (PPP)



PPP4. Fixed Point of Responsibility: Is the ACT Program the fixed point of responsibility for the development of the Individual Plan of Service (IPOS) and for providing supports and services based in recovery included in the IPOS? *An answer of “E” is in compliance with Medicaid criteria.*

- A. Team determines services and makes referrals to all needed services.
- B. Team develops IPOS with consumer and provides referrals to all needed services.
- C. Team provides case management and direct services, provides some needed services and supports; but coordinates others.
- D. Team develops IPOS with consumer, provides some needed services; but makes referrals to others.
- E. The ACT Team develops the IPOS with the consumer and provides the services and supports identified in the IPOS.



PPP5. Intake Rate: What is the intake rate for your team? *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Highest monthly intake rate in the last 6 months = greater than 20% of the maximum team caseload.
- B. Highest monthly intake rate in the last 6 months = 16 – 20% of the maximum team caseload.
- C. Highest monthly intake rate in the last 6 months = 11 – 15% of the maximum team caseload.
- D. Highest monthly intake rate in the last 6 months = 6 – 10% of the maximum team caseload.
- E. Highest monthly intake rate in the last 6 months = no greater than 5% of the maximum team caseload.



PPP6. Explicit Discharge Criteria: Describe the discharge criteria for your consumers. *An answer of “E” is in compliance with Medicaid criteria.*

- A. Program has no set discharge criteria and team makes discharge decisions on a case by case basis and does not involve the consumer.
- B. Program has a generally defined discharge criteria and generally only discharge if the consumer has moved out of team service area or are deemed to be in control of their symptoms.
- C. The program has clearly defined discharge criteria and makes an effort to meet criteria; but occasionally discharges consumers that do not meet criteria.
- D. Program has clearly defined discharge criteria and follows it in most cases, and consumers who no longer exhibit symptoms are discharged on a case by case basis.
- E. The program has clearly defined discharge criteria and all discharged consumers have met their chosen person centered goals toward recovery.



PPP7. Person Centered Planning: In the journey toward recovery, describe the extent to which consumers are offered the option of outside facilitation in development of the IPOS. *An answer of “D” is in compliance with Medicaid criteria.*

- A. Not all consumers have an IPOS.
- B. The team chooses the consumers’ goals for the IPOS from a set menu of services.
- C. The team chooses the consumers’ goals for the IPOS to meet agency requirements.
- D. Each consumer has an IPOS developed through a person centered planning process.
- E. Each consumer is offered independent facilitation to create a person centered plan of service based in recovery.

Work Plan

Assessing Current Practice: Program Policy and Protocol

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 1.4 Assessment and Treatment Planning (ATP)

Data needed to complete this section:

Item ATP4: Percent of consumers with substance use disorders who attended at least one treatment group meeting during the previous month. *Divide the number of consumers participating in groups by the total number of consumers with substance use disorders (do not count consumers who were incarcerated or hospitalized for the entire month). Multiply this number by 100 to find your percentage.*



ATP1. Individual Plan of Service (IPOS): Describe the extent to which the plan of service is individualized based on consumer input. *For this item, Circle ALL that apply. An answer of "E" is in compliance with Medicaid criteria.*

- A. Team develops IPOS without consumer input.
- B. The IPOS is similar for all ACT Consumers.
- C. Consumer IPOS contains the same goals for multiple years.
- D. Only services and supports that are available through the ACT team are written into the IPOS.
- E. There is written evidence in the IPOS that ACT services and interventions are based on medical necessity, consumer preference, person-centered planning and recovery, to maximize independence and progress into less intensive services.



ATP2. Co-Occurring Substance Use Disorder IPOS: Describe how your team works with consumers with co-occurring substance use disorders. *An answer of "E" is in compliance with Medicaid criteria.*

- A. Only mental health issues are addressed in the IPOS; consumers are referred to other agencies for substance use disorder services.
- B. Both mental health and substance use disorders are addressed in the IPOS; consumers are referred to other agencies for substance use disorder services.
- C. Both mental health and substance use disorders are addressed in the IPOS; ACT staff are not trained to address substance use disorders, but work with consumers informally on substance use disorder issues.
- D. Both mental health and substance use disorder issues are addressed in the IPOS; ACT staff are trained to address substance use disorders and work with consumers informally on these issues.
- E. Both mental health and substance use disorder issues are addressed in the IPOS; treatment for co-occurring substance use disorders provided by ACT team if agency is licensed to provide substance use disorder services or coordinated by ACT team if agency is not licensed to provide substance use disorder services.



ATP3. Co-occurring Substance Use Disorders Model: Describe the treatment model used by the team to address co-occurring disorders. *An answer of "E" is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Our team does not provide substance use disorder services because it is not licensed.
- B. Program fully based on traditional model: confrontation; mandated abstinence; higher power; etc.
- C. Program uses primarily traditional model: e.g. refers to AA; uses inpatient detox and rehabilitation; recognizes need for persuasion of consumers in denial or who don't fit AA.
- D. Program uses mixed model: e.g., Dual Diagnosis principles in treatment plans; refers consumers to persuasion groups and active treatment groups; rarely uses hospitalization for rehab or detox except for medical necessity; refers out some substance use treatment.
- E. Program fully based in Dual Diagnosis treatment principles with treatment provided by program staff.

Section 1.4 Assessment and Treatment Planning (ATP)



ATP4. Co-occurring Substance Use Disorder Treatment Groups: How many consumers with substance use disorders participate in treatment groups? *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Fewer than 5% of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.
- B. 5 – 19 % of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.
- C. 20 – 34% of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.
- D. 35 – 49% of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.
- E. 50% or more of the consumers with substance use disorders attend at least one substance use treatment group meeting during the previous month.

DRAFT APRIL 2007

Work Plan

Assessing Current Practice: Assessment and Treatment Planning

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 1.5: Outreach and Continuity of Care (OCC)

Data needed to complete this section:

Item OCC2: Percent of face-to-face contacts that took place in a consumer's home or community in the previous month.

Item OCC3: Percent of face-to-face contacts provided by the team coordinator that took place in a consumer's home or community in the previous month.

Item OCC4: Percent of face-to-face contacts by the team nurse that took place in a consumer's home or community in the previous month.

Item OCC5: Percent of face-to-face contacts by the substance use disorder specialist that took place in a consumer's home or community in the previous month.

Item OCC6: Percent of face-to-face contacts by the vocational specialist that took place in a consumer's home or community in the previous month.

Item OCC7: Percent of caseload retained over 12-month period. *Divide number of consumers still in the program at the end of the previous 12 months by the total number of consumers served during that period. Multiply by 100 to find your percentage.*

Item OCC9: Average number of contacts with support network per consumer for the previous month.

Item OCC10: Percent of MD/DO face-to-face contacts in consumer's home or community in the previous month.



OCC1. Access to Other Community Services: To what extent is the ACT program able to access other services for ACT consumers to support them in their recovery journey? *An answer of "E" is in compliance with Medicaid criteria.*

- A. Participation in ACT services excludes consumers from receiving or participating in other services provided by our agency and/or in the community (including clubhouse and supported employment).
- B. Participation in ACT services usually excludes consumers from receiving or participating in other CMHSP services but exceptions can be obtained on a case by case basis through the CMHSP utilization review.
- C. ACT consumers may participate in several CMHSP services but are excluded from receiving or participating in services that require purchase of services from another provider (e.g., MRS).
- D. ACT consumers may participate in several CMHSP services but may only participate in services that require purchase of services from another provider (e.g., MRS) if approved through the CMHSP utilization review.
- E. ACT consumers do access other services provided by our agency and/or in the community as



OCC2. Community Based Services: To what extent were face-to-face contacts provided in the consumer's home or other community locations rather than the team office in the previous month? *An answer of "E" is in compliance with Medicaid criteria and is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Less than 10% of face-to-face contacts are in the community.
- B. 11 – 25% of face-to-face contacts are in the community.
- C. 26 – 50% of face-to-face contacts are in the community.
- D. 51 – 79% of face-to-face contacts are in the community.
- E. 80 – 100% of face-to-face contacts are in the community.

Section 1.5: Outreach and Continuity of Care (OCC)



OCC3. Team Coordinator in the Community: To what extent were face-to-face contacts provided by the team coordinator in the consumer's home or other community locations other than the team office in the previous month? *An answer of "D" or "E" is in compliance with Medicaid criteria.*

- A. None of the face-to-face contacts were in the community.
- B. Less than 25% of face-to-face contacts were in the community.
- C. 26 – 50% of face-to-face contacts were in the community.
- D. 51 – 75% of face-to-face contacts were in the community.
- E. 76 – 100% of face-to-face contacts were in the community.



OCC4. RN in the Community: To what extent were face-to-face contacts provided by the team RN in the consumer's home or other community locations rather than the team office in the previous month? *An answer of "D" or "E" is in compliance with Medicaid criteria.*

- A. RN does not provide face-to-face contacts in the community.
- B. Less than 25% of face-to-face contacts were in the community.
- C. 26 – 50% of face-to-face contacts were in the community.
- D. 51 – 75% of face-to-face contacts were in the community.
- E. 76 – 100% of face-to-face contacts were in the community.

OCC5. Co-occurring Substance Use Disorder Specialist in the Community: To what extent were face-to-face contacts provided by the co-occurring substance use disorder specialist in the consumer's home or other community locations rather than the team office in the previous month?

- A. Co-occurring substance use disorder specialist does not provide face-to-face contacts in the community.
- B. Less than 25% of face-to-face contacts were in the community.
- C. 25 – 49% of face-to-face contacts were in the community.
- D. 50 – 74% of face-to-face contacts were in the community.
- E. 75 – 100% of face-to-face contacts were in the community.

OCC6. Vocational Specialist in the Community: To what extent were face-to-face contacts provided by the ACT team vocational specialist in the consumer's home or other community locations rather than the team office in the previous month?

- A. Vocational specialist does not provide face-to-face contacts in the community.
- B. Less than 25% of face-to-face contacts were in the community.
- C. 25-49% of face-to-face contacts were in the community.
- D. 50-74% of face-to-face contacts were in the community.
- E. 75-100% of face-to-face contacts were in the community.



OCC7. Retention Rate: Describe the ACT program retention rate. *An answer of "E" is the SAMHSA ACT Implementation Resource Kit evidence based practice standard..*

- A. Less than 50% of the caseload is retained over a 12-month period.
- B. 50 – 64% of the caseload is retained over a 12-month period.
- C. 65 – 79% of the caseload is retained over a 12-month period.
- D. 80 – 94% of the caseload is retained over a 12-month period.
- E. 95% or more of the caseload is retained over a 12-month period.

Section 1.5: Outreach and Continuity of Care (OCC)



OCC8. Assertive Engagement Mechanisms: To what extent do you use both street outreach as well as legal mechanisms (e.g. probation/parole, Alternative Treatment Order, OP commitment) as indicated and available to assure consumer engagement? *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*³

- A. Program is passive in recruitment and re-engagement; almost never uses street outreach or legal mechanisms.
- B. Program makes initial attempts to engage but generally focuses efforts on most motivated consumers.
- C. Program attempts outreach and uses legal mechanisms only as convenient.
- D. Program has general plan for engagement and uses most of the mechanisms that are available.
- E. Program demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate.



OCC9. Work with Informal Support System: What is the average number of staff contacts per consumer in the previous month with the consumer’s support network (persons not paid to provide support to consumer: family, landlords, employer, etc.), with or without the consumer present? *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Less than .5 contact with support system per consumer in the previous month.
- B. .5 – 1 contact with support system per consumer in the previous month.
- C. 1 – 2 contacts with support system per consumer in the previous month.
- D. 2 – 3 contacts with support system per consumer in the previous month.
- E. 4 or more contacts with support system per consumer in the previous month.

OCC10. MD/DO in the Community: To what extent did the team doctor provide face-to-face contacts in the consumer’s home or in community locations other than the office in the previous month?

- A. MD/DO does not provide face-to-face contacts in the consumer’s home or other community locations.
- B. Less than 10% of MD/DO face-to-face contacts were in the community in the previous month.
- C. 10-25% of MD/DO face-to-face contacts were in the community in the previous month.
- D. 26-50% of MD/DO face-to-face contacts were in the community in the previous month.
- E. More than 50% of MD/DO face-to-face contacts were in the community in the previous month.

³Note: In Michigan teams are encouraged to focus on consumers’ journeys toward recovery and legal mechanisms are to be used only as a last resort.

Work Plan

Assessing Current Practice: Outreach and Continuity of Care

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 1.6: Program Intensity (PI)

Data needed to complete this section:

Item PI4: Average minutes spent in face-to-face contact per consumer per week in the previous month.

Item PI5: Percent of hospital admissions in which ACT team was involved in the previous 12 months.

Item PI6: Percent of hospital discharges in which ACT team was involved in the previous 12 months.

Item PI8: Percent of consumers who received at least the number of contacts indicated in their IPOS in the previous week.



PI1. Availability of Services: Describe the team's capability to provide a rapid response to early signs of relapse. *An answer of "E" is in compliance with Medicaid criteria.*

- A. Not all consumers are discussed in daily team meeting – signs of relapse may be missed.
- B. Unless highly disruptive, signs of relapse are handled in routine contacts.
- C. Response is initiated, but not always immediately.
- D. Immediate or rapid response is initiated, but team does not provide multiple daily contacts to one consumer.
- E. Rapid response to early signs of relapse is initiated immediately and includes multiple daily contacts.



PI2. Team-Based Service Delivery: To what extent are case management services interwoven with treatment and rehabilitative services? i.e., In addition to case management, does the ACT program directly provide (1) psychiatric services, (2) counseling/psychotherapy, (3) housing support, (4) substance use treatment, (5) employment/rehabilitative services? *An answer of "E" is in compliance with Medicaid criteria and is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Program provides case management services only.
- B. Program provides one of these five additional services and refers externally for others.
- C. Program provides two of these five additional services and refers externally for others.
- D. Program provides three or four of these five additional services and refers externally for others.
- E. Program provides all five of these services to consumers. Case management services are interwoven with the five services listed above.



PI3. Responsibility for Crisis Services: Does our ACT Program have twenty-four-hour/seven-day crisis response coverage – including psychiatric availability – that is handled directly by our ACT team members? *An answer of "E" is in compliance with Medicaid criteria and is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. ACT Program has no responsibility for handling crises after hours.
- B. Emergency service has ACT program-generated protocol for ACT consumers.
- C. ACT Program is available by telephone, predominantly in consulting role.
- D. ACT Program provides emergency service backup; e.g., ACT program is called, makes decision about need for direct program involvement.
- E. ACT Program directly provides twenty-four-hour/seven-day crisis response coverage for ACT consumers.

Section 1.6: Program Intensity (PI)



PI4. Intensity of Service: Describe the levels of service time provided by the ACT team. Face to face contact is defined as 15 or more minutes of in person contact. *An answer of “E is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. Average of less than 15 minutes/week or less of face-to-face contact per consumer.
- B. 15 – 49 minutes/week or less of face-to-face contact per consumer.
- C. 50 – 84 minutes/week or less of face-to-face contact per consumer.
- D. 85 – 119 minutes/week or less of face-to-face contact per consumer.
- E. Average of 2 hours/week or more face-to-face contact per consumer.



PI5. Responsibility for Hospital Admissions: To what extent is the ACT program involved in hospital admissions? *An answer of “E is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. ACT team has involvement in fewer than 5% of decisions to hospitalize.
- B. ACT team is involved in 5 – 34% of admissions.
- C. ACT team is involved in 35 – 64% of admissions.
- D. ACT team is involved in 65 – 94% of admissions.
- E. ACT team is involved in 95% or more admissions.



PI6. Responsibility for Hospital Discharge Planning: To what extent is the ACT program involved in planning for hospital discharges? *An answer of “E” is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.*

- A. ACT team has involvement in fewer than 5% of hospital discharges.
- B. 5 – 34% of ACT consumer discharges are planned jointly with the ACT team.
- C. 35 – 64% of ACT consumer discharges are planned jointly with the ACT team.
- D. 65 – 94% of ACT consumer discharges are planned jointly with the ACT team.
- E. 95% or more of ACT consumer discharges are planned jointly with the ACT team.



PI7. Time Unlimited Services (Graduation Rate): How often does your team expect to discharge clients? *An answer of “E is the SAMHSA ACT Implementation Resource Kit evidence based practice standard.⁴*

- A. More than 90% of consumers are expected to be discharged within 1 year.
- B. From 38 – 90% of consumers are expected to be discharged within 1 year.
- C. From 18 – 37% of consumers are expected to be discharged within 1 year.
- D. From 5 – 17% of consumers are expected to be discharged within 1 year.
- E. All consumers are served on a time-unlimited basis with the ACT program remaining the point of contact with clients as needed, and with fewer than 5% expected to graduate annually.

PI8. Frequency of Contact: On average, in the previous week what percentage of consumers were supported in their recovery with at least the number of face-to-face contacts indicated in their Individual Plan of Service?

- A. Average of less than 20% of consumers had at least the number of indicated face-to-face contact/week.
- B. Average of 21-40% of consumers had at least the number of indicated face-to-face contact/week.
- C. Average of 41-60% of consumers had at least the number of indicated face-to-face contact/week.
- D. Average of 61-80% of consumers had at least the number of indicated face-to-face contact/week.
- E. Average of more than 80% of consumers had at least the number of indicated face-to-face contact/week.

⁴ Note: In Michigan PI7 is used to gather information that will be used to look for trends regarding the consumers’ recovery services in the context of person centered planning and recovery.

Work Plan

Assessing Current Practice: Program Intensity

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Part 2:
Examining
Agency Ability to Serve
Consumers in the
Community



Part 2: Examining Agency Ability to Serve Consumers in the Community Agency Support for Quality ACT Services

Introduction: This assessment⁵ is designed to help you determine how agency support enables you to provide quality ACT services to support consumers in their recovery journey. The assessment can be completed in its entirety, or each section can be completed individually. Sections may be completed in any order, depending on the interest and concerns of your program and agency. It is recommended that the ACT team and administrators (such as quality improvement staff, clinical directors, and quality assurance directors) complete this section together.

This assessment is divided into the following sections:

- **Section 2.1: Communication-** Items in this section ask you to think about ACT team access to technological resources for communication.
- **Section 2.2: Transportation-** Items in this section address ACT team transportation as it relates to providing services to ACT consumers.
- **Section 2.3: Safety-** Items in this section address ACT team member safety concerns.
- **Section 2.4: Staffing-** Items in this section address supports available to ACT team staff.
- **Section 2.5: Location-** Items in this section relate to the physical location and layout of the ACT office.
- **Section 2.6: Agency Policy-** Items in this section address policy and/or practice that affect services for ACT consumers and team ability to provide services.
- **Section 2.7: Organizational Environment for Best Practice Standards-** Items in this section address the agency practices that promote ACT team ability to provide services to enhance consumer outcomes.

Getting started with your agency support assessment:

1. Review the sections of the assessment and select a section to work on based on the interest and concerns of your team.
2. Select a facilitator to read each item, encourage discussion, and monitor time.
3. Select a scribe to record the agreed upon rating for each item and comments explaining the rating for future reference.
4. The facilitator should read the statement and ensure that everyone is clear about what the statement means.
5. Indicate your level of agreement with each statement. The response should be based on the perceptions of those participating in the assessment (team members and administration).
6. Note down key points of the discussion in the space provided for comments below each item.
7. Decide on an answer for each question that best describes your ACT team, and then circle the number for that answer.

⁵ Developed by the ACT Evaluation Project (MDCH/MPHI Systems Reform) funded by the Flinn Family Foundation for inclusion in this Field Guide to Assertive Community Treatment.

WHAT TO DO WITH YOUR ANSWERS

Here are some steps to help you use your data.

For each of the sections within Agency Support:

1. Did you have more 1, 2, 3 or 4 ratings for this section? Remember, a score of 1 may be cause for concern while a score of 4 will indicate a strength.
2. Review the items rated “1”.
 - a. Ask “Why do you think we are scoring low on this item?” *Talk about it as a group.*
 - b. Ask “What can be done to improve in this area?” *Talk about it as a group.*
 - c. What kind of additional training or technical assistance is needed to improve in this area?
3. Review items rated “2” or “3”.
 - a. Do you have answers that are rated 2 or 3 that your team thinks it can improve on? If yes, then follow the steps beginning in 2a.
4. Review the items rated “4”. Congratulate yourselves!
 - a. What areas of strength does this reflect?
 - b. How can the team maintain these strengths and also work on areas that you want to improve?
5. Complete your Work Plan.
 - a. Pick one or more things you would like to improve and decide:
 - i. What specific activities you will do or change in order to improve?
 - ii. How long it will take to make the changes to improve your agency functioning in this area?
 - b. Write down each task and determine who will be responsible for completing each task. For each task you write down, put the date by which it will be accomplished.
 - c. Decide when you will review your progress: Weekly? Monthly? Quarterly? Write the date you will begin on your work plan. Enter the date into your team schedule.
6. Start working on the tasks in your work plan!

➤ *Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!*

Section 2.1: Communication

	Completely Disagree	Somewhat Disagree	Somewhat Agree	Completely Agree
C1. ACT team members are provided with laptop computers to use in the field.	1	2	3	4
C2. ACT team members are provided with cell phones or reimbursed for the business use of their personal cell phones.	1	2	3	4
C3. ACT team members are provided with pagers.	1	2	3	4

Work Plan

Examining Agency Ability to Serve Consumers in the Community: Communication

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan

Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 2.2: Transportation

	Completely Disagree	Somewhat Disagree	Somewhat Agree	Completely Agree
T1. Team members are provided with agency vehicles to conduct visits in the community.	1	2	3	4
T2. Team members are provided with agency vehicles to transport ACT consumers.	1	2	3	4
T3. Team members are reimbursed for vehicle expenses when they have to use their personal vehicles for ACT business.	1	2	3	4
T4. Team members are reimbursed for vehicle expenses resulting from transporting consumers.	1	2	3	4
T5. Team members are reimbursed for expenses in a timely manner by the agency.	1	2	3	4
T6. The agency provides insurance riders to cover use of personal vehicle for business when agency vehicles are not provided.	1	2	3	4

Work Plan

Examining Agency Ability to Serve Consumers in the Community: Transportation

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 2.3: Safety

	Completely Disagree	Somewhat Disagree	Somewhat Agree	Completely Agree
Saf1. Team members are trained in techniques and skills to keep themselves safe in the field.	1	2	3	4
Saf2. When the safety of a situation is of concern, team members conduct the contact in groups of two or more.	1	2	3	4
Saf3. Safety issues about specific consumers are discussed in team meetings as needed.	1	2	3	4
Saf4. When staff safety is a concern due to the consumer's housing, potential environmental changes are discussed with the consumer for possible changes to their IPOS.	1	2	3	4

Work Plan

Examining Agency Ability to Serve Consumers in the Community: Safety

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 2.4: Staffing

	Completely Disagree	Somewhat Disagree	Somewhat Agree	Completely Agree
S1. Wages, benefits and other compensation to ACT team members is appropriate to the level of responsibility and demands of the position.	1	2	3	4
S2. Team members have adequate access to opportunities to participate in formal ACT training.	1	2	3	4
S3. Team members have adequate access to opportunities to participate in other training relevant to providing ACT services.	1	2	3	4
S4. Agency dress code allows for team members to dress appropriately to provide services in vivo.	1	2	3	4
S5. Agency has process in place to fill open positions within 90 days.	1	2	3	4
S6. Temporary employees are brought in to meet required staffing ratio when a team member is on extended leave.	1	2	3	4

Work Plan

Examining Agency Ability to Serve Consumers in the Community: Staffing

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 2.5: Location

	Completely Disagree	Somewhat Disagree	Somewhat Agree	Completely Agree
L1. The ACT office is easily accessible to consumers.	1	2	3	4
L2. The ACT office is a convenient point of departure for seeing consumers in the community.	1	2	3	4
L3. ACT staff and consumers feel safe in the area where the ACT office is located.	1	2	3	4
L4. ACT team members have a common workspace; layout promotes communication.	1	2	3	4
L5. The ACT office is adequately furnished to accommodate all team members.	1	2	3	4
L6. The ACT office has adequate space for meeting with consumers.	1	2	3	4

Work Plan

Examining Agency Ability to Serve Consumers in the Community: Location

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 2.6: Agency Policy

	Completely Disagree	Somewhat Disagree	Somewhat Agree	Completely Agree
AP1. ACT consumers have access to other CMHSP services (e.g., Clubhouse, Supported Employment) if they are included in their person-centered plan.	1	2	3	4
AP2. Adequate flexible funding is available for direct assistance to consumers to support them in their recovery journey (i.e., hair cuts, personal items, groceries, cleaning supplies, etc.).	1	2	3	4
AP3. Adequate flexible funding is available for supporting in vivo activities with consumers to support them in their recovery journey (i.e., taking them for coffee, bowling, etc.).	1	2	3	4
AP4. There is an efficient process in place to complete paperwork and forms.	1	2	3	4
AP5. All required paperwork and forms are necessary to document ACT services or to improve consumer outcomes.	1	2	3	4
AP6. Referrals to ACT from within the agency almost always meet eligibility criteria.	1	2	3	4

Work Plan

Examining Agency Ability to Serve Consumers in the Community: Agency Policy

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 2.7: Organizational Environment for Best Practice Standards

	Completely Disagree	Somewhat Disagree	Somewhat Agree	Completely Agree
O1. The agency is committed to a clearly articulated philosophy consistent with the Michigan ACT model and each individual consumer's journey toward recovery.	1	2	3	4
O2. All new ACT team members receive standardized training in the ACT model and the system of care and recovery (minimum two-day workshop or equivalent) <i>within 6 months of hiring</i> .	1	2	3	4
O3. Team members receive annual refresher training in providing ACT within a consumer based system of care focused on individual consumer's journeys toward recovery (at least one-day workshop or its equivalent).	1	2	3	4
O4. Agency administrators and agency staff referring consumers to ACT receive annual orientation to the basics of ACT.	1	2	3	4
O5. The quality of ACT services is monitored every 6 months and data are used to improve the program. (Monitoring involves a standardized approach, e.g. use of the Field Guide assessments, consumer feedback data, or another comprehensive set of process indicators)	1	2	3	4
O6. Consumer outcomes are monitored every 3 months and shared with the team members. (Monitoring involves a standardized approach to assessing a key outcome related to ACT e.g. psychiatric admissions, substance use treatment scale, or employment rate)	1	2	3	4
O7. Agency has incorporated ACT Field Guide into continuous quality improvement.	1	2	3	4

Work Plan

Examining Agency Ability to Serve Consumers in the Community: Organizational Environment for Best Practice Standards

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

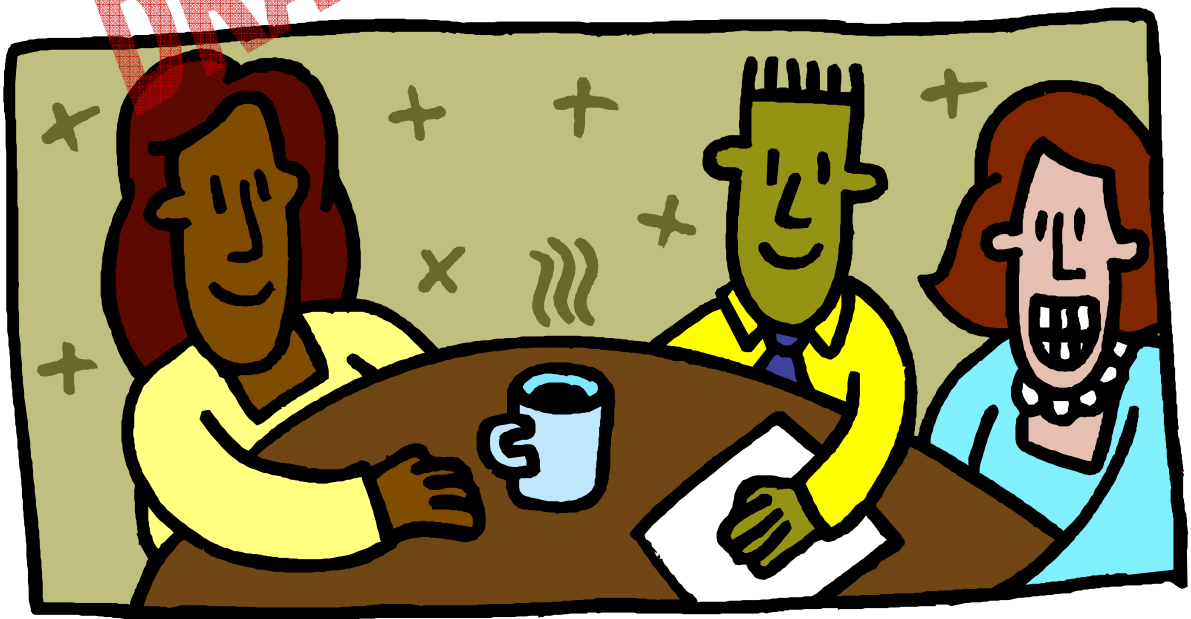
Participant

Position

[illegible]

Beginning __/__/__ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Part 3: Considering Consumer Feedback



Part 3: Considering Consumer Feedback

Introduction: The Considering Consumer Feedback Assessment is designed to assess how ACT services support consumers as individuals in their journey toward recovery. Two surveys are included for clients to; 1) rate their satisfaction with services and, 2) rate their current quality of life. Consumer Feedback can be used by your team to improve both service delivery and consumer outcomes.

The assessment is split into 3 sections:

- **Section 1: Consumer Satisfaction** – This section contains a survey to assess consumer satisfaction with ACT services.
- **Section 2: Quality of Life Assessment** – This section contains a survey to assess consumers' current quality of life.
- **Section 3: Conducting a Discussion Group With Consumers** – This section details the step by step process of conducting a discussion group with your consumers around main issues that came to light from the satisfaction and quality of life surveys.

Section 3.1: Consumer Satisfaction

The Consumer Satisfaction Survey⁶ will help you determine how consumers view ACT services in support of their recovery. Your team can use this feedback to improve service delivery.

Instructions: Select a month to collect consumer satisfaction feedback. During that month distribute the Consumer Satisfaction Survey to all consumers on your caseload. **Do not put any identifying information on the surveys. It is very important that these surveys are confidential so consumers feel they can be completely honest in their responses. If consumers are unable to complete the survey independently, assign someone outside of your team to assist them.**

Engage your quality improvement staff in this process. Give consumers an envelope in which to return their survey that is stamped and addressed to your quality assurance officer. Have your quality improvement staff tally the results so no one on the ACT team sees the surveys returned by the consumers.

When you receive the results, review all the items. Review items receiving the largest number of “Strongly Agree” or “Agree” responses and congratulate yourselves on doing well in those areas! Next, look at all items that received the largest number of responses of “Disagree” or “Strongly Disagree” and select one or two that you would like to work on. Schedule a discussion group with consumers (page 54) and have them talk about these lower rated items. Use the information from the discussion group to help you determine what you can do to improve consumer satisfaction.

- 1) Complete your Work Plan.
 - a) Pick one or two things your team would like to improve. Talk about it as a team and decide:
 - i) What specific activities your team will do or change in order to improve?
 - ii) What kind of additional training or technical assistance is needed to improve in identified areas?
 - iii) How long it will take to make the changes.
 - b) Write down who is responsible for each task. For each task you write down, put the date by which it will be accomplished.
 - c) Decide when you will look at how you are doing. Weekly? Monthly? Quarterly? Write the date you will begin on your work plan. Enter the date on your team schedule.
- 2) Start working on the tasks in your work plan!
 - *Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!*

⁶This survey is adapted from the SAMHSA Implementation Resource Kit for Assertive Community Treatment, 2003.

Consumer Satisfaction Survey

This survey asks how you feel about ACT and how the team supports your recovery process. Your answers will be used to help improve the services that are available to you and others. Your name will not be connected to your answers in any way. Do not write your name on the survey form.

There are no right or wrong answers. Please CIRCLE the number that matches how you feel.

Please circle the <u>one</u> choice that best describes how you feel.	5 Strongly Agree	4 Agree	3 In Between	2 Disagree	1 Strongly Disagree
1. I have good access to the program (distance, public transportation, parking, etc.).	5	4	3	2	1
2. As a result of the ACT services I have received, I deal more effectively with daily problems.	5	4	3	2	1
3. I believe that the staff have my best interest in mind.	5	4	3	2	1
4. The team or program's doctor listens to my concerns and values my opinion.	5	4	3	2	1
5. The program's services and staff help me to stay out of the hospital.	5	4	3	2	1
6. As a result of the services I have received, I am better able to deal with crisis.	5	4	3	2	1
7. I am free to make choices about my life without fear of losing the help I get from the program.	5	4	3	2	1
8. If I have an emergency at night or on the weekend, I am able to get help from the program.	5	4	3	2	1
9. Staff follow through on promises they make.	5	4	3	2	1
10. I can choose where I live.	5	4	3	2	1
11. Staff know what will support me in my individual recovery journey.	5	4	3	2	1
12. The staff come to see me when and where I choose.	5	4	3	2	1
13. The staff do a good job of telling me about my rights as a consumer.	5	4	3	2	1
14. My opinions and ideas are included in my treatment plan.	5	4	3	2	1

Consumer Satisfaction Survey (Continued)

15. The staff treat me like an adult, not a child.	5	4	3	2	1
16. The staff help to overcome the problems that go along with getting and keeping a job.	5	4	3	2	1
17. To the best of my knowledge, staff have kept my personal information confidential.	5	4	3	2	1
18. As a result of the services I have received, I do better with my leisure time.	5	4	3	2	1
19. If I don't want the services the staff recommend, they will give me other choices.	5	4	3	2	1
20. The staff I work with are competent and knowledgeable.	5	4	3	2	1
21. Staff have helped me to maintain a home or apartment in the community.	5	4	3	2	1
22. As a result of the services I have received, I do better in social situations.	5	4	3	2	1
23. Staff are willing to see me as often as I feel it is necessary.	5	4	3	2	1
24. The team or program's doctor tries to find the medications that work best for me.	5	4	3	2	1

Work Plan

Considering Consumer Feedback: Satisfaction

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 3.2: Quality of Life Self-Assessment

Consumer feedback can be used by your team to improve both service delivery and service outcomes and identify additional ways you can support individual consumer's recovery journeys. The Quality of Life Self-Assessment⁷ will help you determine how consumers view ACT services.

Instructions: Select a month to collect quality of life feedback. During that month distribute the Quality of Life Self-Assessment to all consumers on your caseload. **Do not put any identifying information on the surveys. It is very important that these surveys are confidential so consumers feel they can be completely honest in their responses.** If consumers are unable to complete the survey independently, assign someone outside of your team to assist them.

Engage your quality assurance officer in this process. Give consumers an envelope in which to return their survey that is stamped and addressed to your quality assurance officer. Have your quality assurance staff tally the results so no one on the ACT team sees the surveys returned by the consumers.

When you receive the results, review all the items. Congratulate yourselves on items that received the largest number of "Good", "Excellent", "Minimal", or "None" responses! Next, look at items that received the largest number of responses of "Poor" or "Fair" and "Severe" or "Moderate." Review these items and select one or two that you would like to work on. Schedule a discussion group with consumers and have them talk about these items. Use the information from the discussion group to help you determine how you can help consumers' in their recovery journey.

- 1) Complete your Work Plan.
 - a) Pick one or two things your team would like to improve. Talk about it as a team and decide:
 - i) What specific activities your team will do or change in order to improve.
 - ii) What kind of additional training or technical assistance is needed to improve in identified areas.
 - iii) How long it will take to make the changes.
 - b) Write down who is responsible for each task. For each task you write down, put the date by which it will be accomplished.
 - c) Decide when you will look at how you are doing. Weekly? Monthly? Quarterly? Write the date you will begin on your work plan. Enter the date on your team schedule.

- 2) Start working on the tasks in your work plan!

➤ *Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!*

⁷This assessment adapted from the SAMHSA draft *Implementation Resource Kit for Assertive Community Treatment*, 2003.

Quality of Life Self-Assessment

This survey asks you to tell us how things are going for you currently. It should take you about 5 minutes to complete. Your name will not be connected to these answers in any way. Please do not write your name on the survey.

There are no right or wrong answers. Please rate how things are going in different areas of your life. For each statement below, circle the answer that best matches how you feel about your life.

Overall, how would you rate (Circle one choice for each statement)

1. The place where you live (your housing)	Poor	Fair	Good	Excellent
2. The amount of money you have to buy what you need	Poor	Fair	Good	Excellent
3. Your involvement in work, employment	Poor	Fair	Good	Excellent
4. Your level of education	Poor	Fair	Good	Excellent
5. Your access to transportation to get around	Poor	Fair	Good	Excellent
6. Your social life	Poor	Fair	Good	Excellent
7. Your participation in community activities (leisure, sports, spiritual, volunteer work)	Poor	Fair	Good	Excellent
8. Your ability to have fun and relax	Poor	Fair	Good	Excellent
9. Your physical health	Poor	Fair	Good	Excellent
10. Your level of independence	Poor	Fair	Good	Excellent
11. Your ability to take care of yourself (staying healthy, eating right, avoiding danger)	Poor	Fair	Good	Excellent
12. Your self-esteem (how you feel about yourself)	Poor	Fair	Good	Excellent
13. The effect of alcohol & other drugs on your life	Severe	Moderate	Minimal	None
14. Your mental health symptoms	Severe	Moderate	Minimal	None
15. Your loneliness or boredom	Severe	Moderate	Minimal	None
16. Overall, how things are going in your life	Poor	Fair	Good	Excellent
17. Overall, how things are going in your recovery journey.	Poor	Fair	Good	Excellent

Work Plan

Considering Consumer Feedback: Quality of Life

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Section 3.3: Conducting a Consumer Run Discussion Group

Bringing consumers together to discuss ACT services and outcomes can give you valuable information on how you can improve your ACT program. Here are some suggestions for holding Consumer Run Discussion Groups.

Preparing for the Consumer Run Discussion Group

1. Identify two consumers who can facilitate the discussion group: one to lead the discussion and one to record what people say.
2. Invite the participants.
 - a. Invite at least twice as many consumers as you want to attend. Ideally discussion groups consist of 8-10 people. Be sure to invite consumers who are in different stages of recovery and that represent diverse populations.
 - b. Send out a brief invitation that explains the purpose of the discussion group and invite the individual for a specific time and place. (A sample invitation is included).
 - c. Ask people to set aside one and a half hours for the discussion group.
 - d. Ask for RSVPs.
 - e. Allow enough advance time so that others can be invited if too few people are able to attend.
 - f. Have the discussion group in a central place, but one that provides a certain amount of privacy. People need to be reassured that what is said in a discussion group is considered confidential and that they will not be quoted by name.
 - g. Schedule discussion groups at convenient times for consumers.
 - h. Provide snacks.
 - i. If you are able to, provide incentives such as stipends, gift certificates or gifts. Describe the incentive in the invitation letter.
3. Develop a set of 3-5 questions based on the responses to the Consumer Satisfaction Survey and the Quality of Life Self-Assessment or your consumer outcome data. When writing discussion group questions keep the following in mind:
 - a. The questions should help you to learn more about areas of concern.
 - b. Make sure the questions require an open-ended response. Do not use questions that can be answered with “yes” or “no”.
 - c. Make sure the questions are neutral and do not influence the answer.
 - d. Order the questions so that easier to answer questions are asked first and more difficult or more personal questions are asked later.
 - e. End the session with a question that leaves the group feeling positive.

Conducting Consumer Run Discussion Groups

1. The discussion group should be facilitated by a team consisting of:
 - a. An impartial **moderator** who will ask the questions and keep the group on track; and
 - b. A **recorder** responsible for writing down participant comments.

Comments should be recorded in participants' own words whenever possible.

2. A member of your ACT team should be there to welcome the group and make sure that everything is ready for the discussion group. Because it is vital that consumers be honest in their discussion of ACT, **no member of the ACT team should be in the room during the discussion.**
3. Make sure the moderator understands the discussion group objectives. The quality of the information you get depends on how effectively the moderator asks the questions and how well s/he keeps the discussion targeted on your objectives.
4. Have a list of ground rules for the group and seek agreement on the ground rules at the beginning of the session. (e.g., only one person talks at a time, show respect for each other)
5. Review expectations, confidentiality and consent to participate. (Your agency may require you to use a consent form. A sample consent form is included.)
6. Try to ensure that everyone participates:
 - a. Use name tags so participants can be addressed by name.
 - b. Address non-threatening questions to individuals who are reluctant to talk. (e.g., “John, do you have anything to add?”)
7. Ask clarifying questions if you’re not sure of the meaning of the response.
8. In order to encourage people to talk:
 - a. Repeat the question.
 - b. Don’t let periods of silence make you uncomfortable. If you are patient, participants will usually break the silence and add additional information.
 - c. Use neutral comments – “anything else”?

Use The Results

1. Make a written summary of the discussion group.
2. Look for themes, new questions, and conclusions.
3. When feasible, share the results with the participants. Reporting back reassures people that they were heard and that their views were taken seriously.
4. Use what you have learned to do a better job of meeting consumer needs.

<Title of Discussion Group>

You are invited to take part in a discussion group about how well ACT services are supporting you in your recovery. The discussion will focus on *<topic>*. We are holding the discussion groups to learn more about your *<topic>* experiences. We will use what you tell us to *<make policy suggestions about _____, make changes in services for _____, etc.>*.

We expect that the discussion group will last about one and one half hours. During this time you will be asked to talk about the following questions:

- *<Question 1>*
- *<Question 2>*
- *<Question 3>*

The things you talk about will be confidential. No ACT team member will be present during the discussion. Your name will not be connected to your answers in any way.

Two discussion groups will be held in your area (please choose one):

Date:

Place:

Time: 2:30 p.m. – 4:00 p.m.

6:30 p.m. – 8:00 p.m.

You will receive *<incentive>* if you attend the discussion group. Snacks will be provided.

If you plan to attend, please fill out the attached form and return it to:

<your agency and address>

If you have any questions please call *<your name and phone number>*.

We look forward to seeing you!

Discussion Group Consent Form

<Description of the purpose of the discussion group.>

We are holding discussion groups in <your location> to learn more about how well ACT services support you in your recovery and to learn more about <Discussion group topic>. Information we gather from the discussion group will be used to <state how you will use the information>.

The discussion group will last about one and one half hours. During this time you will be asked to talk about the following questions:

- <Question 1>
- <Question 2>
- <Question 3>

Things you talk about will be written down. No ACT team member will be present during the discussion. Your name will not be connected to your answers in any way when discussion group information is summarized.

Participation is completely voluntary. You do not have to talk about any topic you do not wish to and you can stop at any time. For your participation, you will receive <describe incentive for participation here>.

I voluntarily agree to participate in this discussion group and have received a copy of this consent form.

Name

Date

If you have any questions, please contact <your name and contact information>.

Part 4:

Measuring Consumer Outcomes



Part 4: Measuring Consumer Outcomes

Introduction: Mental health recovery is a non-linear process in which consumers continually make gains, suffering occasional setbacks along the way, and gain valuable knowledge from their experiences.⁸ Using outcome measures to evaluate and track consumer gains and program success is critical for effective implementation of the ACT model. The Field Guide to ACT provides step-by-step guidance for measuring and monitoring consumer outcomes as part of routine clinical practice.

While outcomes for each ACT consumer will be specific to that person, there are outcomes that most persons with severe mental illness hope to achieve. These are:

- To live independently in a place called home;
- To gain an education, whether for career enhancement or personal growth;
- To have a job that enhances income, provides a means to make a contribution, and enables recognition;
- To have meaningful relationships; and
- To avoid the spirit-breaking experiences of hospitalization, incarceration, or substance use.

Reviewing how your team's consumers are doing on each of these outcomes will help you to target your efforts to create an effective program. By documenting the achievements of the consumers, you also will be able to demonstrate your program's effectiveness.

Seven outcome indicators are defined and instructions on how to calculate each are provided. While there are no standards for performance for these outcomes indicators, suggestions about what to look for have been provided.⁹ Steps are provided for finding the information you will need, calculating the indicator score, and interpreting the score.

It is important to remember that these outcome indicators should be about the consumers served by **your ACT team**. Agencies with more than one ACT team should look at these outcome indicators for each team. Do **not** combine information across teams.

Getting started

- Step 1. Pick a specific date as your reference point for your review of consumer outcomes, e.g., June 1st. You will be looking at how consumers who were on your caseload on that date are doing with these outcomes.
- Step 2. Gather specific information that is described for each indicator.
- Step 3. Calculate the indicator using the instructions.
- Step 4. Look at the indicators as a team:
 - Talk about why you think the consumers on your caseload have these outcomes;
 - Identify any outcomes where your team would like to see change for the consumers on your caseload; and
 - Talk about things you could do to help the consumers on your caseload achieve the changes you would like to see.
- Step 5. Complete your Work Plan.
 - a) Pick one or two things your team would like to improve and decide:
 - i) What specific activities your team, administration, finance and/or quality assurance staff will do or change in order to improve.
 - ii) How long will it take to make the changes?

⁸ Substance Abuse & Mental Health Services Administration (SAMHSA) *Consensus Statement on Mental Health Recovery*. Released February 16, 2006. Available at: <http://www.samhsa.gov>

⁹ This assessment is adapted from the SAMHSA draft *Implementation Resource Kit for Assertive Community Treatment*, 2003.

- b) Write down who is responsible for each task. For each task you write down, put the date by which it will be accomplished.
 - c) Decide when you will look at how you are doing. Weekly? Monthly? Quarterly? Write the date you will begin in your work plan. Enter the date on your team schedule.
- *Remember, improvement takes time and progress will be made with small doable steps. Don't take on more than you can handle. You want to succeed!*

DRAFT APRIL 2007

Indicator 1. To Live Independently In A Place Called Home.

Measure: The percentage of consumers on the ACT team caseload living in residences they own or lease. Consumers who live with a spouse are considered to “own or lease their residence” if the residence is owned or leased by them or their spouse.

Step 1 – Decide on a date

The date for this review is _____
Date

Use this date in Step 2.

Step 2 – Gather information

A. On _____ the total number of consumers on the team caseload was _____
date number

B. On _____ the number of ACT consumers who own or lease their residence was _____
date number

Step 3 - Calculate

Divide the number of consumers on the team caseload living in residences they own or lease by the total number of consumers on the team caseload for the selected date. Multiply the answer by 100.

÷	B. Number of ACT consumers who own or lease their residence

	A. Total number of consumers on caseload
=	_____
x	100
=	_____ %

Step 4 - What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload living in residences they own or lease, what's next? Here are some steps to follow to use your results.

- 2) Are **75%* or more** of the consumers on your caseload living in homes of their own? If yes,
 - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to obtain or maintain independent housing?
 - b) How can your team maintain these strengths and continue to improve in the area of housing?
 - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 3) Are **50% to 74%** of consumers on your caseload living in homes of their own? If yes,
 - a) Talk about why you think the consumers on your caseload have these outcomes.
 - b) Identify changes you would like to achieve for the consumers on your caseload.
 - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
 - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 4) Are **less than 50%** of consumers on your caseload living in homes of their own? If yes,
 - a) Talk about the barriers to independent living for your consumers. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?
 - b) Identify which barriers you would like to address.
 - c) Talk about things you could do to overcome these barriers.
 - d) What kind of additional training or technical assistance is needed to overcome identified barriers?

Step 5 – Complete your Work Plan

**Percentage breakdowns are estimates and will be revised by MDCH if shown to be unrealistic in practice.*

Work Plan

Measuring Consumer Outcomes: To Live Independently In A Place Called Home.

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Indicator 2. To Gain An Education, Whether For Career Enhancement Or Personal Growth.

Measure: The percentage of consumers on the ACT team caseload who are actively participating in education or personal growth activities as identified in their Individual Plan of Service (IPOS).

Step 1 – Decide on a date

The date for this review is _____
date

Use this date in Step 2.

Step 2 – Gather information

A. On _____ the total number of consumers on the team case load with
education or personal growth activities identified in their
IPOS was _____
date number

B. On _____ the number of ACT consumers who were actively participating in
education or personal growth activities as identified in their IPOS
was _____
date number

Step 3 - Calculate

Divide the number of ACT consumers who were actively participating in education or personal growth activities as identified in their IPOS by the total number of consumers on the team caseload with education or personal growth activities identified in their IPOS for the selected date. Multiply the answer by 100.

÷	B. Number of ACT consumers who were actively participating in education or personal growth activities as identified in their IPOS

	A. Total number of consumers on the team caseload with education or personal growth activities identified in their IPOS
=	
x	100
=	_____ %

Step 4 - What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who have education goals in their person-centered plan and actively participate in educational activities, what's next? Here are some steps to follow to use your results.

- 1) Do **75%* or more** of the consumers on your caseload who have education goals in their person-centered plan actively participate in educational or personal growth activities? If yes,
 - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to obtain educational experiences?
 - b) How can your team maintain these strengths and continue to improve your efforts around education outcomes for consumers?
 - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Do **50% to 74%** of consumers on your caseload with education goals in their person-centered plan actively participate in educational or personal growth activities? If yes,
 - a) Talk about why you think the consumers on your caseload have these outcomes.
 - b) Identify changes you would like to achieve for the consumers on your caseload.
 - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
 - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Do **less than 50%** of consumers on your caseload with education goals in their person-centered plan actively participate in educational or personal growth activities? If yes,
 - a) Talk about the barriers faced by consumers who want to participate in educational and personal growth experiences. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?
 - b) Identify which barriers you would like to address.
 - c) Talk about things you could do to overcome these barriers.
 - d) What kind of additional training or technical assistance is needed to overcome identified barriers?

Step 5 – Complete your Work Plan

**Percentage breakdowns are estimates and will be revised by MDCH if shown to be unrealistic in practice.*

Work Plan
Measuring Consumer Outcomes: To Gain An Education, Whether For Career Enhancement Or Personal Growth.

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Indicator 3. To Have A Job That Enhances Income, Provides A Means To Make A Contribution, And Enables Recognition, or to Participate in a Regularly Scheduled Volunteer Position that Provides a Means to Make a Contribution and Enables Recognition.

Consumers may only be counted in one area. If a consumer is both competitively employed and participates in a regularly scheduled volunteer position, choose the area in which the consumer logs the most hours.

Measure: The proportion of consumers on the team's caseload who are competitively employed. Competitively employed is defined: (1) as having work for any amount of time, (i.e. any amount of hours) (2) for at least four weeks in a row, (3) for at least minimum wage, (4) during the three months proceeding the review date.

Step 1 – Decide on a date

The date for this review is _____

date

Use this date in Step 2.

Step 2 – Gather information

A. On _____ the total number of consumers on the team caseload was _____

date

number

B. On _____ the number of ACT consumers competitively employed was _____

date

number

Step 3 - Calculate

Divide the number of consumers on the ACT team caseload who were competitively employed by the total number of consumers on the team caseload. Multiply the answer by 100.

÷ B. Number of ACT consumers competitively employed

A. Total number of consumers on caseload

=

X 100

= _____%

Measure: The proportion of consumers on the team's caseload who have a regularly scheduled volunteer position. A regularly scheduled volunteer position is defined: (1) as having volunteered for any amount of time, (i.e. any amount of hours) (2) for at least four weeks in a row, (3) during the three months preceding the review date.

Step 2 – Gather information

A. On _____ the total number of consumers on the team caseload was _____
date number

B. On _____ the number of ACT consumers with a regularly scheduled volunteer position was _____
date number

Step 3 - Calculate

Divide the number of consumers on the ACT team caseload who with a regularly scheduled volunteer position by the total number of consumers on the team caseload. Multiply the answer by 100.

÷	B. Number of ACT consumers with a regularly scheduled volunteer position

	A. Total number of consumers on caseload

=	
X	100
=	_____ %

Step 4. Add the percentage of consumers who were competitively employed to the percentage of consumers with regularly scheduled volunteer positions to determine the total percentage.

	The percentage of consumers who were competitively employed
+	The percentage of consumers with regularly scheduled volunteer positions

=	Total percentage of consumers employed or volunteering

Step 5 - What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who were competitively employed or in regular volunteer positions, what's next? Here are some steps to follow to use your results.

- 1) Were **75%* or more** of the consumers on your caseload competitively employed or engaged in regular volunteer positions? If yes,
 - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to obtain competitive employment or volunteer opportunities?
 - b) How can your team maintain these strengths and continue to improve your efforts around employment or volunteering outcomes for consumers?
 - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Were **50% to 74%** of consumers on your caseload competitively employed or engaged in regular volunteer positions? If yes,
 - a) Talk about why you think the consumers on your caseload have these outcomes.
 - b) Identify changes you would like to achieve for the consumers on your caseload.
 - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
 - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Were **less than 50%** of consumers on your caseload competitively employed or engaged in regular volunteer positions? If yes,
 - a) Talk about the barriers to employment or volunteer opportunities. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?
 - b) Identify which barriers you would like to address.
 - c) Talk about things you could do to overcome these barriers.
 - d) What kind of additional training or technical assistance is needed to overcome identified barriers?

Step 6 – Complete your Work Plan

****Percentage breakdowns are estimates and will be revised by MDCH if shown to be unrealistic in practice.***

Work Plan

Measuring Consumer Outcomes: To Have A Job That Enhances Income, Provides A Means To Make A Contribution, And Enables Recognition, or to Participate in a Regularly Scheduled Volunteer Position that Provides a Means to Make a Contribution and Enables Recognition.

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan

Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Indicator 4. To Have Meaningful Relationships.

Measure: The percentage of consumers who experience increased activities with family, friends, neighbors, or social groups. Strengthening of social networks and community participation are integral to providing holistic mental health recovery.

Step 1 – Decide on a date

The date for this review is _____
date

Use this date in Step 2.

Step 2 – Gather information

Use the data collected from items 6, 7, and 15 from the Consumer Quality of Life Survey in Part 3.

Step 3 - Calculate

For each question, count the total number of consumers on the team caseload who answered “good” or “excellent” for items 6 or 7 and “minimal” or “none” for item 15. Divide by the total number of consumers who completed the survey. Multiply the number by 100

Item 6: Your Social Life

Number who answered “good” or “excellent” = _____

$$\begin{array}{rcl} & \text{Number of consumers on caseload who answered “good” or “excellent”} & \\ \div & \text{Total number of consumers who completed survey} & \\ = & & \\ \times & 100 & \\ = & & \% \end{array}$$

Item 7: Your Participation In Community Activities

Number who answered “good” or “excellent” = _____

$$\begin{array}{rcl} & \text{Number of consumers on caseload who answered “good” or “excellent”} & \\ \div & \text{Total number of consumers who completed survey} & \\ = & & \\ \times & 100 & \\ = & & \% \end{array}$$

Item 15: Your Loneliness or Boredom

Number who answered “minimal” or “none” = _____

$$\begin{array}{rcl}
 & \text{Number of consumers who answered “minimal” or “none”} & \\
 \div & \hline \text{Total number of consumers who completed survey} & \\
 = & & \\
 & \hline
 \times & 100 & \\
 = & & \% \\
 & \hline
 \end{array}$$

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Step 4 - What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload that experience increased activities with family, friends, neighbors, or social groups, what's next? Here are some steps to follow to use your results.

- 1) Do **75%* or more** of the consumers rate:
 - Their social life as “good” or “excellent”
 - Their participation in community activities as “good” or “excellent”
 - Their loneliness and boredom as “minimal” or “none”
 - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to improve their relationships?
 - b) How can your team maintain these strengths and continue to improve your efforts around relationships for consumers?
 - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Do **50% to 74%** of the consumers rate:
 - Their social life as “good” or “excellent”
 - Their participation in community activities as “good” or “excellent”
 - Their loneliness and boredom as “minimal” or “none”
 - a) Talk about why you think the consumers on your caseload have these outcomes.
 - b) Identify changes you would like to achieve for the consumers on your caseload.
 - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
 - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Do **less than 50%** of the consumers rate:
 - Their social life as “good” or “excellent”
 - Their participation in community activities as “good” or “excellent”
 - Their loneliness and boredom as “minimal” or “none”
 - a) Talk about the barriers consumers face in developing meaningful social relationships. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?
 - b) Identify which barriers you would like to address.
 - c) Talk about things you could do to overcome these barriers.
 - d) What kind of additional training or technical assistance is needed to overcome identified barriers?

Step 5 – Complete your Work Plan

**Percentage breakdowns are estimates and will be revised by MDCH if shown to be unrealistic in practice.*

Work Plan

Measuring Consumer Outcomes: To Have Meaningful Relationships

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Indicator 5. To Reduce The Use Of More Restrictive Settings (Hospital Or Another Supervised Setting).

Measure: The percentage of consumers on the team caseload who were hospitalized or in another supervised setting for psychiatric reasons in the last year. Do not count the use of crisis stabilization housing unless it was in psychiatric hospital or psychiatric bed in a general hospital.

Step 1 – Decide on a date

The date for this review is _____
date

Use this date in Step 2.

Step 2 – Gather information

A. On _____ the total number of consumers on the team caseload in the
last year was _____
date number

B. On _____ the unduplicated number of ACT consumers who were hospitalized
or in another supervised setting in the last year was _____
date number

Step 3 - Calculate

Divide the number of consumers on the ACT team caseload who were hospitalized or in other supervised setting for psychiatric reasons in the last year by the total number of consumers on the team caseload. Multiply the answer by 100.

÷	B. Number of ACT consumers hospitalized or in another supervised setting in the last year

	A. Total number of consumers on caseload
=	_____
x	100
=	_____ %

Step 4 - What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who were hospitalized or in other supervised setting, what's next? Here are some steps to follow to use your results.

- 1) Were **less than 25%*** of the consumers on your caseload hospitalized or in other supervised setting? If yes,
 - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to not need restrictive settings?
 - b) How can your team maintain these strengths and continue to improve your efforts around reducing use of restrictive settings for consumers?
 - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Were **25% to 50%** of consumers on your caseload hospitalized or in other supervised setting? If yes,
 - a) Talk about why you think the consumers on your caseload have these outcomes.
 - b) Identify changes you would like to achieve for the consumers on your caseload.
 - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
 - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Were **more than 50%** of consumers on your caseload were hospitalized or in other supervised setting? If yes,
 - a) Talk about the reasons consumers were in restrictive settings. Are there issues within your community, agency or team that result in consumers using restrictive settings? Are the issues related to specific consumer characteristics?
 - b) Identify changes you would like to achieve to reduce use of restrictive settings.
 - c) Talk about things you could do to help the consumers on your caseload avoid use of restrictive settings.
 - d) What kind of additional training or technical assistance is needed to address identified issues?

Step 5 – Complete your Work Plan

**Percentage breakdowns are estimates and will be revised by MDCH if shown to be unrealistic in practice.*

Work Plan
Measuring Consumer Outcomes: To Reduce The Use Of More
Restrictive Settings (Hospital Or Another Supervised Setting).

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning __/__/__ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Indicator 6. To Avoid Incarceration.

Measure: The percentage of people who were incarcerated the previous year. A consumer is considered to have been incarcerated if he or she is housed one or more nights in a jail or prison.

Step 1 – Decide on a date

The date for this review is _____

date

Use this date in Step 2.

Step 2 – Gather information

A. On _____ the total number of consumers on the team caseload in the last year was _____

date

number

B. On _____ the number of ACT consumers who spent one or more nights incarcerated during the last year was _____

date

number

Step 3 - Calculate

Divide the number of consumers on the ACT team caseload who were incarcerated one or more nights in the previous year by the total number of consumers on the team caseload. Multiply the answer by 100.

÷	B. Number of ACT consumers incarcerated in the previous year

	A. Total number of consumers on caseload
=	_____
x	100
=	_____ %

Step 4 - What to do with your answer

Now that you know the percentage of consumers on the ACT team caseload who were incarcerated, what's next? Here are some steps to follow to use your results.

- 1) Were **less than 25%*** of the consumers on your caseload incarcerated for any time in the last year? If yes,
 - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to avoid incarceration?
 - b) How can your team maintain these strengths and continue to improve your efforts around reducing incarceration for consumers?
 - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Were **25% to 50%** of consumers on your caseload incarcerated at some time in the last year? If yes,
 - a) Talk about why you think the consumers on your caseload are being incarcerated.
 - b) Identify changes you would like to achieve for the consumers on your caseload to prevent incarceration.
 - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
 - d) What kind of additional training or technical assistance is needed to achieve these changes?
- 3) Were **more than 50%** of consumers on your caseload incarcerated for some time in the last year? If yes,
 - a) Talk about the reasons consumers were incarcerated. Are there issues within your community, agency or team that result in consumers being incarcerated? Are the issues related to specific consumer characteristics?
 - b) Identify changes you would like to achieve to reduce incarcerations.
 - c) Talk about things you could do to help the consumers on your caseload avoid incarceration.
 - d) What kind of additional training or technical assistance is needed to address identified issues?

Step 5 – Complete your Work Plan

**Percentage breakdowns are estimates and will be revised by MDCH if shown to be unrealistic in practice.*

Work Plan

Measuring Consumer Outcomes: To Avoid Incarceration

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

Indicator 7. To Avoid The Negative Effects Of Alcohol Or Other Drugs.

Measure: The percentage of consumers on the team caseload who were diagnosed with substance use disorders and were actively engaged in substance use disorder treatment in the previous year. Substance use disorder treatment includes; 1) formal treatment, 2) self-help (e.g., AA, NA, Dual Diagnosis group) for those in substance use recovery and as an adjunct to formal treatment for consumers in other stages, 3) services provided by the ACT team and counseling provided by a Certified Addiction Counselor or similar professional, in accordance with the Individual Plan of Service.

Step 1 – Decide on a date

The date for this review is _____
date

Use this date in Step 2.

Step 2 – Gather information

A. On _____ the total number of consumers on the team caseload who
were diagnosed with a substance use disorder was _____
date number

B. On _____ the number of ACT consumers who were actively engaged in
substance use disorder treatment during the previous year was _____
date number

Step 3 - Calculate

Divide the number of consumers on the ACT team caseload who were actively engaged in substance use disorder treatment during the year by the total number of ACT consumers diagnosed with a substance use disorder in the previous year. Multiply the answer by 100.

$$\begin{array}{l} \div \text{ B. Number of ACT consumers actively engaged in substance use disorder treatment in the previous year} \\ \hline \text{A. Total number of consumers on caseload diagnosed with substance use disorder} \\ = \text{_____} \\ \times 100 \\ = \text{_____} \% \end{array}$$

Step 4 - What to do with your answer

Now that you know the percentage of consumers on the team caseload who were diagnosed with substance use disorders and actively engaged in substance use disorder treatment, what's next? Here are some steps to follow to use your results.

- 1) Did **75%* or more** of the consumers on your caseload answer who were diagnosed with substance use disorder actively participate in substance disorder treatment? If yes,
 - a) What areas of strength does this reflect for your team? What are you doing that is successful in assisting consumers to avoid substance use?
 - b) How can your team maintain these strengths and continue to improve your efforts around substance use for consumers?
 - c) What kind of additional training or technical assistance is needed to continue to improve this area?
- 2) Did **50%-74%** of consumers on your caseload who were diagnosed with substance use disorder actively participate in substance use disorder treatment? If yes,
 - a) Talk about why you think the consumers on your caseload have these outcomes.
 - b) Identify changes you would like to achieve for the consumers on your caseload.
 - c) Talk about things you could do to help the consumers on your caseload achieve these changes.
 - d) What kind of additional training or technical assistance is needed to achieve identified changes?
- 3) Did **less than 50%** of consumers on your caseload who were diagnosed with substance use disorder actively participate in substance use disorder treatment? If yes,
 - a) Talk about the barriers consumers face when trying to reduce the impact of alcohol or other drugs on their lives. Are the barriers within your community, agency or team? Are the barriers related to specific consumer characteristics?
 - b) Talk about the barriers consumers face when trying to access and engage in substance use disorder treatment. Are the barriers within the community, agency or team? Are the barriers related to specific consumer characteristics?
 - c) Identify which barriers you would like to address.
 - d) Talk about things you could do to overcome these barriers.
 - e) What kind of additional training or technical assistance is needed to overcome identified barriers?

Step 5 – Complete your Work Plan

**Percentage breakdowns are estimates and will be revised by MDCH if shown to be unrealistic in practice.*

Work Plan

Measuring Consumer Outcomes: To Avoid The Negative Effects Of Alcohol Or Other Drugs.

Complete this form to track who participated in the Team Assessment and what you said you would change.

Date _____

Participant

Position

Work Plan				
Area for change	Actions/tasks to be completed	Training/TA needed	Who is responsible	Date for completion

Beginning ___/___/___ this Work Plan will be reviewed (circle one): weekly / monthly / quarterly.

